



PATENT & TRADEMARK OFFICE  
DOCKET NO.: 2685.2001-000  
September 18, 2003

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

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Applicant: David A. Edwards, Richard P. Batycky and Lloyd Johnston  
Serial No.: 09/591,307  
Filed: June 9, 2000  
Confirmation No.: 2060  
Group Art Unit: 1616  
Examiner: Mina Haghighatian  
For: Highly Efficient Delivery of a Large Therapeutic Mass Aerosol (As Amended)

#18  
10/2/03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on	
9/15/2003 Date	<i>Judy Breen</i> Signature
Judy Breen Typed or printed name of person signing certificate	

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

10/01/2003 SSEEHE1 00000073 03591307  
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Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated May 13, 2003 of the Primary Examiner finally rejecting claims 1-51. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated May 13, 2003 for two month(s) from August 13, 2003 to October 13, 2003.
- ☐ A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
☐ Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
- ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

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4. Fees are submitted for the following:				
<input checked="" type="checkbox"/>	Extension of Time for two month(s)			\$ 410
<input type="checkbox"/>	Additional Extension of Time:			
	no.)	\$		
		\$		
	Balance of fee due			\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal			\$ 320
<input checked="" type="checkbox"/>	Other	Terminal Disclaimer		\$ 110
	TOTAL			\$ 840

5. The method of payment for the total fees is as follows:


☒ A check in the amount of \$840.00 is enclosed.

☐ Please charge Deposit Account No. 502807 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 502807. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

ELMORE CRAIG, P.C.

By   
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Date: 9/25/13